

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90052 006 \*\*\*\*70.00

<b>DOCUMENT # N05000004818</b>							
<b>1. Entity Name</b> SPRINGLAKE VILLAGE HOMEOWNERS ASSOCIATION, INC.							
<b>Principal Place of Business</b> 14642 N.E. 22ND STREET SILVER SPRINGS, FL 34488			<b>Mailing Address</b> 14642 N.E. 22ND STREET SILVER SPRINGS, FL 34488				
<b>2. Principal Place of Business - No P.O. Box #</b> 14706 NE 23 <sup>rd</sup> PL.		<b>3. Mailing Address</b> 14655 NE 24 <sup>th</sup> PL.					
<b>Suite, Apt. #, etc.</b> LOT # 60A		<b>Suite, Apt. #, etc.</b> LOT # 52					
<b>City &amp; State</b> Silver Springs, FL.		<b>City &amp; State</b> Silver Springs, FL.					
<b>Zip</b> 34488		<b>Country</b> MARION		<b>4. FEI Number</b> 33-1119084			
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  COLLING, LEE JAY ESQ. 529 VERSAILLES DR. STE 103 MAITLAND, FL 32751			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City  State <b>FL</b> Zip Code				
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
<b>TITLE</b> V	<b>NAME</b> AMADON, JOHN		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> V/D	<b>NAME</b> GARY BAILEY		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14642 N.E. 22ND STREET	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488			<b>STREET ADDRESS</b> 2220 NE 146 <sup>th</sup> AV.	<b>CITY-ST-ZIP</b> Silver Springs, FL. 34488		
<b>TITLE</b> T	<b>NAME</b> MAXSON, YVONNE		<input type="checkbox"/> Delete	<b>TITLE</b> P/D	<b>NAME</b> CYNDY KELLERSTEDT		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14655 NE 24TH PLACE	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488			<b>STREET ADDRESS</b> 14706 NE 23 <sup>rd</sup> PL.	<b>CITY-ST-ZIP</b> Silver Springs, FL. 34488		
<b>TITLE</b> S	<b>NAME</b> VAN SCOTTER, ROBERT		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S/D	<b>NAME</b> HAROLD HARDWICK		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14709 NE 22ND PLACE	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488			<b>STREET ADDRESS</b> 14650 NE 21 <sup>st</sup> PL.	<b>CITY-ST-ZIP</b> Silver Springs, FL. 34488		
<b>TITLE</b> D	<b>NAME</b> COOPER, NELLIE		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> CLIFF SHELLEY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 14621 NE 21ST PLACE	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488			<b>STREET ADDRESS</b> 14640 NE 24 <sup>th</sup> PL	<b>CITY-ST-ZIP</b> Silver Springs FL 34488		
<b>TITLE</b> D	<b>NAME</b> HOBBS, BONNIE		<input type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> JOE WHITE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 2270 NE 146TH AVE	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488			<b>STREET ADDRESS</b> 14680 NE 23 <sup>rd</sup> LANE	<b>CITY-ST-ZIP</b> Silver Springs FL 34488		
<b>TITLE</b> D	<b>NAME</b> SPENCER, DOLORES		<input checked="" type="checkbox"/> Delete				
<b>STREET ADDRESS</b> 14679 EN 23RD PLACE	<b>CITY-ST-ZIP</b> SILVER SPRINGS, FL 34488						
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>							
<b>SIGNATURE:</b> <u>Yvonne M. Maxson</u> <b>YVONNE MAXSON</b> <u>3/22/07 (352) 625-3043</u>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							